

Bernalillo County
Environmental Health
111 Union Square SE, Suite 300 Albuquerque, NM
87102
Phone 314-0310
Fax 314-0470



INDIVIDUAL WELL APPLICATION

Permit Number: _____
 Receipt No. _____
 Fee: _____
 Application Complete? Yes ☐ No ☐
 Reviewed By Initials _____
 Date: _____

OWNER	PHONE:	FAX:	
MAILING ADDRESS	CITY	STATE	ZIP

SITE ADDRESS			LOT SIZE:
LEGAL DESCRIPTION			
PLAT OR SUBDIVISION DATE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> MOBILE HOME
UPC - - - - -			ZONE ATLAS PAGE:

INSTALLER	PHONE #	
MAILING ADDRESS	CITY	ZIP
NMSEO LICENSE #		

APPLICATION IS FOR: <input type="checkbox"/> NEW WELL TO BE USED FOR <input type="checkbox"/> DRINKING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> REPLACEMENT WELL, PERMIT # FOR EXISTING WELL: _____ <input type="checkbox"/> WILL THIS WELL BE SHARED? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST LOTS THAT WILL SHARE THIS WELL: _____ (attach a list if necessary)	NMSEO WELL FILE # _____ CONDITIONS _____ IS THERE AN EXISTING WASTE WATER SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO PERMIT NO. FOR EXISTING WASTEWATER SYSTEM _____
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WELL CONSTRUCTION WELL LOCATION CHARACTERICS	COMPLETION DEPTH:	CASING LENGTH ABOVE GROUND:
	CASING DIAMETER:	CASING TYPE:
	PUMP TYPE:	GROUT DEPTH:
	WELL PAD DIMENSIONS:	
	WASTEWATER SYSTEM DISTANCE FROM WELL:	DISPOSAL FIELD DISTANCE FROM WELL:
	DISTANCE FROM PUBLIC SEWER LINE:	
	ADDITIONAL CONTAMINATION SOURCES (EXPLAIN, USE ADDITIONAL SHEET IF NECESSARY)	
	FLOOD POTENTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOOD ZONE DESIGNATION:

Provide a detailed site plan to scale on a separate sheet of paper. Include location of the well and setback distances to wastewater systems or holding tank, any other possible sources of contamination, existing wells, waterlines, arroyos, or canals, and property lines.

The foregoing information and the site plan provided are true and correct to the best of my knowledge. I understand the issuing of this permit does not relieve me from the responsibility of complying with all regulations. Obtaining the permit does not relieve me from the responsibility of obtaining any permits required by State, County, or City regulations or ordinances or other requirements of State and Federal law. This application expires six months from the application date. A six-month extension may be granted when a written request is submitted prior to the expiration date.

☐ INSTALLER _____
☐ OWNER PRINT NAME SIGNATURE DATE



Page 2 for DEPARTMENT USE ONLY

IT APPEARS THAT FROM THE INFORMATION PROVIDED ON PAGE 1, THE PROPOSED SYSTEM:

☐ WILL MEET BERNALILLO COUNTY
INDIVIDUAL WATER SYSTEM
ORDINANCE 87-30

☐ WILL NOT

A PERMIT FOR CONSTRUCTION OF THE WELL DESCRIBED ON PAGE 1 HAS BEEN:

☐ GRANTED

☐ GRANTED W/ CONDITIONS

☐ DENIED

COMMENTS:

ENVIRONMENTAL HEALTH REPRESENTATIVE _____

DATE _____

TYPE OF INSPECTION	NAME	DATE	TYPE OF INSPECTION	NAME	DATE
DURING INSTALLATION			FINAL INSPECTION		

FINAL INSPECTION:

PROTECTIVE CONCRETE SLAB (Yes / No):

SETBACK DISTANCE TO SEPTIC TANK:

SETBACK DISTANCE TO PROPERTY LINE:

CASING LENGTH ABOVE GROUND:

SETBACK DISTANCE TO ABSORPTION FIELD:

COMMENTS:

An onsite survey has been conducted and the onsite liquid waste disposal system described herein has been built in accordance to the plans and/or approved modifications to the plans submitted.

ENVIRONMENTAL HEALTH REPRESENTATIVE _____

DATE _____